Medicaid Pediatric Healthcare Recovery Program Application

This application is due by 5pm EST on March 9, 2022.

Prior to beginning the application, please read the program guidance available at http://www.eohhs.ri.gov/Initiatives/PediRelief.aspx. To complete this application, you will need:

- The practice's Tax Identification Number (TIN)
- The practice's National Provider Identifier (NPI) (also referred to as a Type 2 NPI or Group NPI).
- The practice's D-U-N-S (Data Universal Numbering System, or DUNS) number, if it has one. If a practice does not have a DUNS number, one must be obtained prior to application. The practice can obtain one for free at this link: https://www.dnb.com/duns-number/get-a-duns.html.
- The names and National Provider Identifier (NPI) numbers for each clinician with credentials MD, DO, NP, or PA who manages a patient panel at the practice site.
- The number of active Rhode Island Medicaid covered patients as of December 31, 2021 who are children under the age of 18. Active patients are defined as those patients who have been served by the practice over the last two years: January 1, 2020 through December 31, 2021.
- Twelve month rolling performance on the NCQA quality measure "Child and Adolescent Well Care Visits."

Payments will be processed by the Medicaid Management Information System (MMIS). You will be asked to report a Medicaid Legacy Provider ID.

Incomplete applications will not be accepted. If you have questions about this application, please contact OHHS.PediRelief@ohhs.ri.gov.

By March 15th, please use the following link to provide baseline quality performance data according to measure specifications for the NCQA measure: Child and Adolescent Well Care Visits: https://www.tfaforms.com/4965083 [tfaforms.com]. Additional measure details are available in the Measure Description and Payment Schedule Document.

Contact Information

1. Please fill out your contact information.
    a. First Name
    b. Last Name
    c. Title
    d. Email Address
    e. Phone Number

Practice Information

2. Please fill out the following information for the practice seeking participation in the program.
    a. Legal Name of Practice
    b. DBA, if applicable
    c. Street Address
    d. City
    e. State
    f. Zip + 4
    g. Site Contact Person's Name
    h. Site Contact Person's Email Address
    i. Phone Number
    j. Fax Number
    k. Address for principal place of performance of grant funded activities in Rhode Island, if different from prior address
    l. Street Address
    m. City
    n. State
    o. Zip + 4
3. What is the Tax Identification Number (TIN) for this practice?
4. What is the National Provider Identifier (NPI) for this practice?
5. What is the D-U-N-S (Data Universal Numbering System, or DUNS) number for this practice?
6. How many full-time equivalent clinicians with the credential MD, DO, NP, or PA manage a patient panel at this site?
7. For each clinician with the credential MD, DO, NP, or PA managing a patient panel at this practice site, please list the clinician's first name, last name, and National Provider Identifier (NPI) number.
8. Which of the below specialties best indicates the primary care specialty of the practice?
    a. Family Practice
    b. Pediatric Practice
    c. Other (please specify)
9. Please report the number of active Rhode Island Medicaid covered patients (Fee-for-Service and Managed Care) as of December 31, 2021 who are children under the age of 18. Active patients are defined as those patients who have been served by the practice over the last 24 months.
10. FFATA Information:
    a. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenues in U.S.

federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
Yes/No

i. If no, skip the remaining two questions.

b. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under Section 13(a) or 15(d) of the Security Exchange Act of 1934 (15 USC 78m(a), 78(o(d)) or Section 6104 of the Internal Revenue Code of 1986?
Yes/No

i. If yes, skip the next question.

c. List the name and total compensation amount of the five highest paid executives in your business or organization. A definition of total compensation is available at this site.

11. Attachments

Attach Signed Financial Agreement

Attestation

By submitting this application for the Rhode Island Medicaid Pediatric Healthcare Recovery Program, I acknowledge that I am authorized to submit this request on behalf of the provider/practice and that all of the information provided is accurate to the best of my knowledge and ability. I acknowledge the State of Rhode Island is relying upon the information as submitted in order to determine whether to issue a Rhode Island Pediatric Healthcare Recovery Program payment. Therefore, if I become aware of any inaccuracies in the information provided, I will immediately notify the State of Rhode Island through email at OHHS.PediRelief@ohhs.ri.gov. I also agree that the Care Transformation Collaborative of Rhode Island is authorized to obtain data on my provider/practice's performance on lead screening and childhood immunization rates from KIDSNET Rhode Island.